

J1132 U.S. PTO
02/14/02Please type a plus sign (+) inside this box → PTO/SB/50 (02-01)
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A/P/e

REISSUE PATENT APPLICATION TRANSMITTAL

10/07/341 PTO
02/14/02

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.	24200
First Named Inventor	OSES
Original Patent Number	6,265,373
Original Patent Issue Date (Month/Day/Year)	July 24, 2001
Express Mail Label No.	

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

ACCOMPANYING APPLICATION PARTS

- | | |
|---|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SBI 56)
<i>(Submit an original, and a duplicate for fee processing)</i>
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (<i>amended, if appropriate</i>)
4. <input type="checkbox"/> Drawing(s) (<i>proposed amendments, if appropriate</i>)
5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy)
<i>(37 C.F.R. § 1.175) (PTO/SB/51 or 52)</i>
6. <input type="checkbox"/> Power of Attorney
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If Yes, check applicable box(es))</i> <ul style="list-style-type: none"> <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
<i>(if applicable, all of the following are necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies | 10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. <input type="checkbox"/> Original U.S. Patent for surrender <ul style="list-style-type: none"> <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (<i>if applicable</i>)
13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (<i>if applicable</i>)
15. <input checked="" type="checkbox"/> Preliminary Amendment
16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<i>(Should be specifically itemized)</i>
17. Other:
....
.... |
|---|--|

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label **20529** or Correspondence address below
(Insert Customer No. or Attach bar code label here)

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Signature	<i>Todd L. Jurasin</i>		
Date	14 FEB 02		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
24200

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 11	Total Claims (37 CFR 1.16(j))	(B) 11	**** 0 =	x \$ 1 =		or x \$ 18 =	0
(C) 6	Independent claims (37 CFR 1.16(j))	(D) 6	* 0 =	x \$ ____ =			x \$ 84 = 0
Basic Fee (37 CFR 1.16(h))				\$		\$ 740	
Total Filing Fee				\$		OR \$ 740	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 11	MINUS	** 20	* = 0	x \$ ____ =		x \$ ____ =	0
Independent Claims (37 CFR 1.16(j))	*** 6	MINUS	***** 6	= 0	x \$ ____ =			0
Total Additional Fee					\$		OR	\$ 0

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

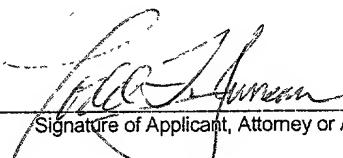
*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- Applicant claims small entity status. See 37 CFR 1.27.
- Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 14-0112.
A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ 740.00 to cover the filing / additional fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

14 Feb. 02
Date

 Signature of Applicant, Attorney or Agent of Record
TODD L. JUNEAU
 Typed or printed name



J1.132 U.S. PTO

02/14/02

A/RE
BOX REISSUE

Attorney Docket No. 24200

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

OSES et. al

U.S. Patent No. 6,265,373

Issued: July 24, 2001

For: COMPOSITION COMPRISING A MIXTURE OF ALKOXYLATED MONO-, DI- AND TRIGLYCERIDES AND GLYCERINE

TRANSMITTAL LETTER

Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith for filing in the U.S. Patent and Trademark Office is the following:

- (1) Transmittal Letter;
- (2) Reissue Patent Application Transmittal Form PTO/SB/50;
- (3) Reissue Application Fee Transmittal Form PTO/SB/56;
- (4) Reissue Application;
- (5) Unexecuted Reissue Declaration;
- (6) Unexecuted Consent of Assignee;
- (7) Unexecuted Statement Under 37 CFR 3.73(b);
- (8) Preliminary Amendment;
- (9) Appendix A;
- (10) Appendix B;
- (11) Appendix C;
- (12) Appendix D;
- (13) Check No. 16217 for \$740.00 for Reissue Filing Fee; and
- (14) Early Notification Postcard.

Please charge any fee deficiency, or credit any overpayment, in connection with this matter to Deposit Account No. 14-0112.

Respectfully submitted,
NATH & ASSOCIATES PLLC

Date: 14 Feb. 2002

By:


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